

In re **Valerie L. White**Case No. **09-59423**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1701			2/2007 Credit				550.81
Beneficial Finance 26489 Hoover Hoover-Eleven Ctr. Warren, MI 48089		-					
Account No. 2213			6/2007 Credit				1,908.07
HFC PO Box 4153-K Carol Stream, IL 60197-4153		-					
Account No. 7899			9/2006 Credit				528.20
HSBC Mastercard P.O. Box 5222 Carol Stream, IL 60197-5222		-					
Account No. 4058			12/2006 Tax				22,500.00
IRS Kansas City, MO 64999-0030		-					
Subtotal (Total of this page)							25,487.08

1 continuation sheets attached

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 0994						
JC Penney PO Box 960001 Orlando, FL 32896-0001	-		11/2006 Credit			306.10
Account No. 3302						
Small Business Administration P.O. Box 740192 Atlanta, GA 30374-0192	-		2/2007 Credit			1,354.88
Account No. 1176						
Wal Mart P.O. Box 530939 Atlanta, GA 30353-0939	-		1/2007 Credit			408.33
Account No. 0049						
Weber & Olcese, PLC 3250 West Big Beaver Ste. 124 Troy, MI 48084	-		1/2005 Credit			13,980.00
Account No.						
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 16,049.31
(Report on Summary of Schedules)						Total 41,536.39

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SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
GMAC PO Box 130424 Roseville, MN 55113-0004	36 mo lease, 2007 Chevrolet Blazer, 458.22/mo

In re **Valerie L. White**

Debtor(s)

Case No. **09-59423****SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Single	RELATIONSHIP(S): Mother	AGE(S): 70
Employment:	DEBTOR	SPOUSE
Occupation	Compliance Spec.	
Name of Employer	State of Michigan	
How long employed	12 Yr.	
Address of Employer	Mgmt & Budget Dept. PO Box 30171 Lansing, MI 48909-7671	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify): **401(k) Loan****Insurance**

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify):

12. Pension or retirement income

13. Other monthly income

(Specify): **Mother's social security income**

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

DEBTOR	SPOUSE
\$ 4,238.00	\$ N/A
\$ 0.00	\$ N/A
\$ 4,238.00	\$ N/A
\$ 869.09	\$ N/A
\$ 51.59	\$ N/A
\$ 26.52	\$ N/A
\$ 346.30	\$ N/A
\$ 390.15	\$ N/A
\$ 1,683.65	\$ N/A
\$ 2,554.35	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 606.00	\$ N/A
\$ 0.00	\$ N/A
\$ 606.00	\$ N/A
\$ 3,160.35	\$ N/A
\$ 3,160.35	

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Debtor(s)

Case No. 09-59423

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$ <u>706.00</u>
a. Are real estate taxes included?	Yes <u> </u> No <u>X</u>	
b. Is property insurance included?	Yes <u> </u> No <u>X</u>	
2. Utilities:		
a. Electricity and heating fuel		\$ <u>300.00</u>
b. Water and sewer		\$ <u>60.00</u>
c. Telephone		\$ <u>80.00</u>
d. Other <u>Cell phone</u>		\$ <u>60.00</u>
3. Home maintenance (repairs and upkeep)		\$ <u>20.00</u>
4. Food		\$ <u>600.00</u>
5. Clothing		\$ <u>100.00</u>
6. Laundry and dry cleaning		\$ <u>80.00</u>
7. Medical and dental expenses		\$ <u>140.00</u>
8. Transportation (not including car payments)		\$ <u>240.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ <u>0.00</u>
10. Charitable contributions		\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's		\$ <u>0.00</u>
b. Life		\$ <u>0.00</u>
c. Health		\$ <u>0.00</u>
d. Auto		\$ <u>102.00</u>
e. Other <u> </u>		\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u> </u>		\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto		\$ <u>459.00</u>
b. Other <u> </u>		\$ <u>0.00</u>
c. Other <u> </u>		\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ <u>0.00</u>
17. Other <u> </u>		\$ <u>0.00</u>
Other <u> </u>		\$ <u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$ <u>2,947.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
<hr/>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I		\$ <u>3,160.35</u>
b. Average monthly expenses from Line 18 above		\$ <u>2,947.00</u>
c. Monthly net income (a. minus b.)		\$ <u>213.35</u>